



# Clark County Parks & Recreation

## SAFEKEY REGISTRATION FORM - School Year 2015-2016

Drivers Lic or ID# / St. / Exp.

**To enroll, this registration form along with proof of payment MUST be submitted to the Safekey Site Staff prior to attendance.**

|                                |        |                |      |                |
|--------------------------------|--------|----------------|------|----------------|
| School Site:                   | Grade: | Date of Birth: |      |                |
| Participant First & Last Name: |        |                |      | Age:      Sex: |
| Address:                       | Apt.#  | City:          | Zip: | Phone: (    )  |

**Note: ONLY one registration form is permitted for each child. (In joint custody situations, BOTH GUARDIANS MUST BE LISTED.)**

|  |                              |                            |
|--|------------------------------|----------------------------|
| <b>PARENT/GUARDIAN #1</b>                      | Relationship to participant: | Cell<br>Phone: (    )      |
| Street Address (If different from participant) |                              | Alternate<br>Phone: (    ) |
| E-mail Address:                                | Employer Name:               | Employer<br>Phone: (    )  |
| <b>PARENT/GUARDIAN #2</b>                      | Relationship to participant: | Cell<br>Phone: (    )      |
| Street Address (If different from participant) |                              | Alternate<br>Phone: (    ) |
| E-mail Address:                                | Employer Name:               | Employer<br>Phone: (    )  |

### EMERGENCY CONTACT / AUTHORIZED TO PICK UP PARTICIPANT (Someone other than parent/guardian):

|             |                     |                 |                 |
|-------------|---------------------|-----------------|-----------------|
| Name: _____ | Relationship: _____ | Phone #1: _____ | Phone #2: _____ |
| Name: _____ | Relationship: _____ | Phone #1: _____ | Phone #2: _____ |
| Name: _____ | Relationship: _____ | Phone #1: _____ | Phone #2: _____ |
| Name: _____ | Relationship: _____ | Phone #1: _____ | Phone #2: _____ |

**MEDICATION:** \_\_\_\_\_ NO \_\_\_\_\_ YES (If yes, please complete additional form at the school site.)

**ALLERGIES/HEALTH ISSUES:** \_\_\_\_\_

**SPECIAL NEEDS/ACCOMMODATIONS :** \_\_\_\_\_

(Please explain any specific health issues or accommodations that may be needed to fully and safely participate in Safekey activities.)

Registration Form Updates: I understand that the only person(s) authorized to make changes to this form are the Parent/Guardian(s) who have signed below.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Fees:** I understand that Safekey is a **PRE-PAY** program for grades K-5 at Clark County zoned elementary and select middle schools. Payment **MUST** be made prior to participation in the program.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Late Pick-Up Fee:** I understand that a \$5 late fee will be assessed for every ten (10) minute increment beginning @ 6:01pm until the participant is picked up. For example: 6:01pm = \$5, 6:11pm = \$10, 6:21pm = \$15, etc. Late fee payments must be paid within 2 business days after the incident.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Sign-In/Out:** I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the participant are those individuals listed on this form, and a **photo ID** must be shown. If any person who is not on the pick-up list attempts to take a child from the program, Metro will be called and it called and it may be considered a kidnapping.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Parent Guidelines:** I must read and understand ALL the policies and procedures as outlined in the Parent/Participant Handbook.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Credit/Refunds:** AM/PM passes are not interchangeable. Credit requests for interchanging AM and PM passes will not be accepted. Refund requests **MUST** be requested in person to the Safekey Site Staff prior to the last day of school. **NO EXCEPTIONS.**

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Proof Of Payments:** I understand that I must provide proof of payment to the Safekey Site Staff **BEFORE** my child can participate in the Safekey program.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Custody Issues:** I understand that Safekey Site Staff cannot resolve custody issues or act as mediators. If custodial issues are in dispute, causing any uncertainty or disruption to our staff or program, your child will not be able to attend Safekey until such issues are resolved.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

**Child Care Assistance:** I understand that it is my responsibility to provide current Certificates to the Safekey Administration Office. I will pay full price for any days that are covered on the certificate, that pass before I present the certificate to the office.

\_\_\_\_\_ (Parent Initials)      \_\_\_\_\_ (Staff Initials)

I, Print Parent/Guardian #1 / Print Parent/Guardian #2, acting on behalf of myself or my minor child do expressly and forever waive and release Clark County, Nevada, Department of Parks and Recreation and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in any Parks and Recreation activity.

**PHOTO/VIDEO RELEASE:** By registering for any Clark County Parks and Recreation program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with the Clark County Parks and Recreation Department.

Signature of Parent/Guardian #1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian #2 \_\_\_\_\_ Date \_\_\_\_\_

White: Safekey Site

Canary: Safekey Office

Pink: Customer